# Guide to PC-Based Transactions

# Health Partners of Philadelphia

## Claim Status

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# Overview

## About the Transaction

This transaction allows you to inquire about the status of a patient's healthcare claim submitted to Health Partners of Philadelphia.

*Disclaimer:* Only claims which entered our system within the last 90 days will be returned.

**Note:** If you are using Emdeon MAX shell versions prior to 2.3 or Server versions prior to 4.11, you must run this transaction using dialup.

### National Provider Identifiers

In order for you to use a National Provider Identifier (NPI) as the requesting provider ID, the following conditions must exist:

- The payer must be ready to accept NPI. Consult our payer lists at www.emdeon.com/PayerLists/payerlists.php for this payer's NPI-readiness status.
- The provider must have fulfilled all of the payer's NPI registration requirements.

Consult the payer to determine whether you should submit the service provider's NPI at this time.

## Customer Support

### Emdeon Customer Support

800.333.0263

customer.service@emdeon.com

# Requests

## Patient Data

The following patient data is used to locate the patient's claim records:

- Subscriber ID
- Subscriber's last and first names
- Subscriber's date of birth
- Subscriber's gender

See "Input Prompts" on page 2 for specific input requirements.

## Input Prompts

Prompts are listed in alphabetical order.

### Account #

**Requirement:** *Optional; not sent to the payer.*

The account number you have assigned to this account, for your internal use only.

### Amount

**Requirement:** *Optional; not sent to the payer.*

The amount of the claim, for your internal use only.

### Begin Date

**Requirement:** *Required.*

The beginning date of the claim service period, in MMDDYY or MMDDCCYY format.

### Date of Birth

**Requirement:** *Required.*

The patient's date of birth, in MMDDCCYY format.

### End Date

**Requirement:** *Required.*

The ending date of the claim service period, in MMDDYY or MMDDCCYY format.

### Gender

**Requirement:** *Required.*

The patient's gender. Choose a value from the drop-down list.

### Pat Acct #

**Requirement:** *Optional.*

The patient's account number.

### Req First

**Requirement:** *Required if the information requestor is a person.*

The information requestor's first name.

### Req Last/Org

**Requirement:** *Required.*

The information requestor's last name, if a person, or organization name.

### Req Prov ID

**Requirement:** *Required.*

The provider ID of the requesting provider.

*In order for you to use the National Provider Identifier (NPI), the payer must be ready to accept NPI. Additionally, the payer's NPI registration requirements must be fulfilled.*

### Sub First

**Requirement:** *Required.*

The subscriber's first name.

### Sub Last/Org

**Requirement:** *Required.*

The subscriber's last name. If the subscriber is an employer, the organization's name.

### Subscriber ID

**Requirement:** *Required.*

The patient's Health Partners of Philadelphia ID.

### Svc Last/Org

**Requirement:** *Required.*

The service provider's last name, if a person, or organization name.

### Svc Prov First

**Requirement:** *Required if the service provider is a person.*

The service provider's first name.

### Svc Prov ID

**Requirement:** *Required.*

The provider ID of the servicing provider. Consult the payer to determine whether you should submit the service provider's NPI at this time.

# Responses

## About Your Responses

All of the items described in the following response explanation may not appear in every response. Payers typically return only the information that is applicable to your query.

If the payer does not return a particular piece or section of information in a specific response, the headings for that information will not print. Items will shift position to fill the vacancy.

Your username appears in the upper left corner of the response. See your product **User's Guide** for information about creating usernames.

**Additional Reference Documents**

More information about your response can be found in the following documents:

- **PC-Standard-Claim-Status-Response-Dictionary.pdf** - gives a more detailed description of data fields returned in the standard Emdeon response.
- **Dictionary-of-Transaction-Error-Messages.pdf** – a complete dictionary of error messages.
- **Common Response Abbreviations.pdf** – common abbreviations used in the standard Emdeon response, along with their full description.

These documents are available on your installation CD, and on the Web at:

http://www.emdeon.com/support/document_library.php

**Note:** The above documents are in Portable Document Format (.pdf). You must have the Adobe® Acrobat® Reader to view this document. If you do not have the Reader, you can download it for free at www.adobe.com.

### Status

#### Closed

Emdeon received a valid response from the payer.

#### Retry

The request could not be processed, usually because invalid data was entered. Read the message in the response for clarification.

#### Error

A communications-related error or error of greater severity occurred. Read the message in the response for clarification.

## Input and Response Information

The input area shows the data you sent in the request.  For some of the input fields, the response area displays what the payer actually has on file.  This arrangement enables you to verify what you entered against what is on file.

Depending on your software product and report settings, response information fields can appear in one of two locations:

- They can appear in a column to the right of the input fields.
- They can appear beneath the input fields, with the heading **(On File)**.

An asterisk to the left of an input field indicates that the mirrored response data did not match your input data.

The following response fields are displayed:

- The patient's subscriber ID.
- The patient's last name.
- The patient's first name.
- The patient's date of birth.

## Participant Information

The Participant Information section returns reference information for this particular participant and transaction; can include:

- The transaction (Xtn)  ID; used to trace a transaction from point to point.
- The date the payer generated the transaction, in MM/DD/CCYY format.
- The payer's primary ID followed by the payer's name and contact telephone number.
- The information requestor's primary ID.
- The name or organization name of the requestor.
- The service provider's primary ID.
- The name or organization name of the service provider.
- The subscriber's primary ID.
- The subscriber's name.
- The subscriber's date of birth, in MM/DD/CCYY format.
- The subscriber's gender.
- The patient's primary ID.
- The patient's name.
- The patient's date of birth, in MM/DD/CCYY format.
- The patient's gender.

## Claim Record

The Claim Record section contains details about a claim; can include:

- The payer's claim control number.
- Trace number assigned by the processing entities to trace the transaction from point to point as it is processed, followed by the source of the number.
- The beginning date of the claim statement period, in MM/DD/CCYY format.
- The ending date of the claim statement period, in MM/DD/CCYY format.
- The effective date of the status information for this claim, in MM/DD/CCYY format.
- An entity associated with the claim record.
- A code and description categorizing the status information that follows.
- A code and description explaining the status of the claim.
- The total amount of the claim charge.
- The amount of the claim payment.
- The claim adjudication or payment date, in MM/DD/CCYY format.
- A code and description explaining the payment method.
- The check issue or electronic funds transfer (EFT) effective date of the claim payment, in MM/DD/CCYY format.
- The check or EFT trace number of the claim payment.
- A second entity associated with the claim record.
- A code and description categorizing the status information that follows.
- A code and description explaining the status of the claim.
- A third entity associated with the claim.
- A code and description categorizing the status information that follows.
- The bill type indicator for the claim.
- The associated medical record number.

*The following fields reflect line item detail for the claim. If there are two line items reported for the same claim, you will see an additional* ***Claim Record*** *segment heading followed by the line item detail. The claim information, described above, will not repeat.*

- A code indicating the type or source of the product or service ID that follows.
- The product or service ID for the line item.
- Up to four modifiers for the preceding line item product or service.
- The line item charge amount submitted for the preceding product or service.
- The payment amount for the preceding line item product or service.
- The NUBC revenue code.
- The number of units originally submitted.

- The effective date of the status information, in MM/DD/CCYY format.
- An entity associated with the line item.
- A code and description categorizing the line item status information that follows.
- A code and description explaining the status of the line item.
- A second entity associated with the line item.
- Another code and description categorizing the line item status information that follows.
- Another code and description explaining the status of the line item.
- A third entity associated with the line item.
- Another code and description categorizing the line item status information that follows.
- Another code and description explaining the status of the line item.
- The line item charge amount.
- The line item payment amount.
- The line item control number.
- The beginning date, in MM/DD/CCYY format, or date range of the line item product or service.

## Error Messages

Transaction-related error messages begin with CL, HT, RH, or another alphabetic prefix, followed by a number and a line or so of text. Messages are self-explanatory.

For a comprehensive description of all error messages, see the document **Dictionary of Transaction Error Messages**.

This document is available on your installation CD, and on the Web at:

http://www.emdeon.com/support/document_library.php